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Part 2. Prior Authorization

MassHealth requires providers to obtain prior authorization (PA) for certain services. See the MassHealth program regulations for the proposed service to determine when PA is required. In addition to program regulations, PA requirements may appear in Subchapter 6 of certain provider manuals, provider bulletins, or in other written issuances from MassHealth. MassHealth posts its publications in the Provider Library on the MassHealth Web site. Go to www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then on Provider Library. To identify which drugs require PA, go to the MassHealth Drug List at www.mass.gov/druglist.

MassHealth reviews PA requests on the basis of medical necessity only and does not establish or waive any other prerequisites for payment, including eligibility or referral. The approval of a PA is not a guarantee of payment. You must still verify the member's eligibility, other insurance, and any other restrictions before providing service. If PA is required for a service that you want to provide, follow these guidelines when submitting your request to MassHealth.

The following information and instructions about PA are separated into information for non-pharmacy services, pharmacy services (see page 5.2-4), and nonemergency transportation services (see page 5.2-4).

Requesting Prior Authorization for Non-pharmacy Services

For non-pharmacy medical services, MassHealth strongly encourages providers to request PA using the Web-based Automated Prior Authorization System (APAS) at www.masshealth-apas.com. Providers can use APAS to submit PA requests and all attachments electronically and to review the status of PA requests.

Providers may also request PA for non-pharmacy services using the paper Prior Authorization Request form (PA-1). PA-1 forms and attachments should be sent to the appropriate address listed in Appendix A of your MassHealth provider manual.

If the PA request is for a Massachusetts Commission for the Blind (MCB) member, then MCB will process the request. A PA request submitted to MCB can also be submitted via APAS.

If the PA request is for a Community Case Management (CCM) member, then CCM will process the request, which can be submitted via APAS.

For any subsequent request for the same service, you must request a new PA. Subsequent requests may be submitted via APAS. If you choose to complete a paper PA request, mail it along with a copy of the initial request and any required supporting documentation to the appropriate address listed in Appendix A of your MassHealth provider manual.

For address and telephone information for non-pharmacy PA services, including APAS, refer to Appendix A of your MassHealth provider manual.

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Other Required Prior Authorization Forms

PA requests for certain services require additional forms that must accompany the request. These supplemental forms (attachments) may be submitted via APAS or along with the paper PA-1 form.

Dental Services

- **Supplemental Dental Prior Authorization Form**

The Supplemental Dental Prior Authorization Form (DEN-1) is a two-sided form on which the provider charts the current status of the member's teeth. This form must accompany the PA request for all dental services except orthodontics. This form may be submitted as an attachment via APAS or as an attachment submitted with the PA-1 form.

- **Orthodontics Prior Authorization Form**

In addition to the PA request form for full orthodontic treatment and treatment visits, which are billed quarterly, the orthodontic provider must complete a PAR Index Recording Form (DEN-7) and an Orthodontics Prior Authorization Form (DEN-2). These forms may be submitted as an attachment on APAS or as an attachment submitted with the PA-1 form.

For continuation of orthodontic service for the second year, the orthodontic provider must submit a new PA request with updated information, and a copy of the original Orthodontic Prior Authorization Form (DEN-2). The same procedure must be used for the first half of the third year, if this treatment is necessary.

- **Peer Assessment Rating Index (PAR Index Recording Form)**

Orthodontic providers must complete the PAR Index Recording Form (DEN-7) when requesting PA for full orthodontic treatment (see 130 CMR 420.428(H)). This form may be submitted as an attachment via APAS or as an attachment submitted with the paper Prior Authorization Request form. Refer to Appendix D of the *Dental Manual* for detailed instructions and examples of the use of the PAR Index Recording Form.

Nursing Services

- **Request and Justification for Continuous Skilled Nursing Services**

When requesting PA for continuous skilled nursing services for members over the age of 21, the provider must complete both a PA-1 and a Request and Justification for Continuous Skilled Nursing Services (PDN-001). This form may be submitted as an attachment via APAS or as an attachment submitted with the PA-1 form.

If the member is under the age of 22, PA requests must be obtained from Community Case Management. Direct your requests to the appropriate address in Appendix A of your MassHealth provider manual.

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Therapy Services: Physical, Occupational, and Speech/Language

- **Request and Justification for Therapy Services**

When requesting PA for therapy services, the provider must complete both a PA-1 form and a Request and Justification for Therapy Services form (THP-2).

If member is under the age of 22, PA requests must be obtained from Community Case Management (CCM). Direct your request to the appropriate address in Appendix A of your MassHealth provider manual.

Obtaining Forms

You may download PA forms from www.mass.gov/masshealth under the link for Provider Forms. You may also request supplies of all PA forms from the appropriate address listed in Appendix A of your MassHealth provider manual.

Notice of Prior Authorization Decision for Non-pharmacy Services

MassHealth will notify both the provider and the member in writing of its decision on the PA request. The letter will indicate whether the services were approved, modified, or denied. The letter will also contain the PA number assigned to the request, even if the request was denied. If the service was approved or modified, you must include the PA number on the MassHealth claim when submitting it for payment. If you submit your PA request via APAS, you can also find out the status of your request using APAS. MassHealth responds to PA requests that contain all required information within the time periods specified in 130 CMR 450.303(A):

- **Nursing** – within 14 calendar days from the date the PA Unit receives the request
- **DME** – within 15 calendar days from the date the PA Unit receives the request
- **For all other services** – within 21 days from the date the PA Unit receives the request.

Prior Authorization Decisions for Non-Pharmacy Services

MassHealth may make any of the following decisions on a PA request:

- **Approve the request** – the request is authorized. Note: When used on APAS, the term “accepted” simply means that MassHealth has processed the online PA. The provider must read the PA notice to determine the decision on the request.
- **Modify the request** – the authorization is for a service or item that is different in quantity or nature than that which was originally requested.

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- **Deny the request** – the request is denied and MassHealth will not cover the service.
- **Defer the request** – the PA is returned to the provider with a request for additional information that must be submitted before a decision can be made

Requesting Prior Authorization for Pharmacy Services

For pharmacy services, MassHealth encourages providers to request PA using a drug-specific PA form, if applicable, or the MassHealth Drug Prior Authorization Request form. All PA forms for pharmacy services, along with the MassHealth Drug List, are available on the Web at www.mass.gov/druglist. All PA requests for drugs must be submitted to the address or fax number listed on the PA form or listed in Appendix A of your MassHealth provider manual.

Notice of Prior Authorization Decision for Pharmacy Services

The Drug Utilization Review (DUR) Program will notify the pharmacy, provider, and the member in writing of its decision within 24 to 48 hours of the date the DUR Program receives the request. A fax will be sent to the pharmacy and provider, and the member will receive a letter. The fax will not show a PA number if the request was denied; it will give a PA number for an approval only. The pharmacy provider should not enter this number on the online transaction. In the letter sent to the member, a PA number will be assigned regardless of whether the request was approved or denied.

Requesting Prior Authorization for Nonemergency Transportation

For nonemergency transportation services, the provider of the medical service for which the member needs transportation must fill out the Prescription for Transportation (PT-1) form to verify that the member's need for transportation is medically necessary. The request for transportation is approved only when public and private transportation resources are not available and door-to-door transportation is medically necessary. Providers must send completed PT-1 forms to the appropriate address listed in Appendix A of your MassHealth provider manual. See the MassHealth transportation regulations for more information about MassHealth coverage for nonemergency transportation services. The PT-1 form will be processed within four business days from receipt.

Notice of Prior Authorization Decision for Transportation Services

Transportation authorization specialists may take any of the following actions on a request (PT-1):

- **Receive the request** – the request is received.
- **Authorize the request** – the request is approved and MassHealth will pay for the service,
- **Deny the request** – the request is denied and MassHealth will not pay for the service.
- **Mail back the request** – the form is incomplete and is being returned to provide missing information.